

MASSAGE THERAPY FACILITY LICENSE APPLICATION

Date: _____

License expires June 30, 201_____

Full name and address of applicant - individual, partnership, or corporation: _____

Date of birth: _____ Email address: _____ Phone # _____

Location of proposed business: _____

Description of business operation and facility: _____

List names, addresses, and dates of birth of all officers, directors and stockholders, if applicant is a corporation: _____

List names, addresses, and dates of birth of all partners, including limited partners, if applicant is a partnership: _____

For all persons listed above, if less than one year at current address, please list previous addresses: _____

Business, occupation and employment history for past two years for all persons listed above: _____

Has the applicant or any person listed above ever been licensed to operate a massage therapy facility in this city or in another city or state? If so, give details as to when and where such license was issued: _____

Has any such license ever been suspended or revoked? If yes, give details: _____

Has the applicant or any person listed above ever been convicted of any crime in the past five years? If yes, give details: _____

FEE: \$85.00 Code 27 - \$75.00 license fee; Code 48 - \$10.00 Investigation fee Receipt _____

Certificate of insurance filed: _____

Applicant must make an appointment with the Building Inspector for an inspection of the premises.

Date of inspection: _____

I hereby authorize the Menomonie Police Department to furnish all information pertaining to my application for a massage therapy facility license to the licensing authorities of the City of Menomonie. This release is authorized with full understanding that the information will be safeguarded against unauthorized disclosure to any party not having a legitimate need for it in the proper discharge of official business of the City of Menomonie.

I hereby release the City of Menomonie, its officers and employees from any liability for damages which may result to me on account of compliance with this authorization.

SIGNATURE OF APPLICANT _____

Copies to: Police, Fire, Inspection, Health - date: _____

For Office Use:

Date Investigation Complete: _____ -- _____

Initials of Records Technician (or person who conducted investigation) _____

Signature of Police Chief (or designated staff officer) _____

(circle one)

Approve Deny